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FAX COVER SHEET

DATE: August 26, 2005

PAGES (INCLUDING COVER): 6

TO:

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Commissioner for Patents

FROM:

Roger P. Zimmerman

Reg. No. 38,670

Please see attached documents for the following Patent:

First Applicant:

Salomon, Daniel R.

Application No:

10/006,562

Filing Date:

December 05, 2001

Group Art Unit:

1654

Examiner:

Abdel A. Mohamed

For:

COMPOSITION AND METHOD FOR TREATING CHRONIC

ALLOGRAFT REJECTION

Attached are the following documents:

Transmittal (1 Page)

Fee Transmittal (2 Pages)

Petition for Revival of an Application for Patent

OIPE/IAP AUG 2 9 2005

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Abandoned Unintentionally Under 37 CFR 1.137(b) (1 Page)

MN247340_1.DOC

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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/006.582 Filing Date TRANSMITTAL 12/05/2001 First Named Inventor FORM Daniel R. Salomon Art Unit Examiner Name Mohamad, Abdel A. (to be used for all correspondence after imital filing) Attorney Docket Number 080060-0002 (formerly \$02018,3003-100) Total Number of Pagas in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Fleply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please identify Terminal Disclaimer Extension of 11me Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Godfpay & Kahn, S.C. \$Ignature Printed name le zn اوريما meman Date Reg. No. 38,670 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Luanne M. 08/26/2005 Typed or printed name

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. CMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

I Inder the Paners	mrk Radudina	Act of 199	no namona ara radi	ilred to rei	notrelina e of bonne	ni information uni	avalenth ti ma	a valid OMR control number	
Effective on 12/08/2004.					Complete If Known				
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).					Application Num	ber 10/006	10/006,562		
FEE TRANSMITTAL					Filing Date	12/05/2	12/05/2001		
For FY 2005					First Named Inve	entor Daniei	Daniel R. Salomon		
Applicant of	him : email on	th, etahu	San 27 CER 4 2	- -[Examiner Name	Moham	ed, Abdel A	ł	
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	1654	1654		
TOTAL AMOUN	T OF PAYME	NT (\$	1,500.00		Attorney Docket	No. 080060	-0002		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit A									
			account, the Direct		•				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Chargo any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Information and author ization on PTC-2038.									
FEE CALCUL	ATION								
1. BASIC FILIA			EXAMINATION I						
		FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAMINATIO Sma	ON FEES		
<u>Application</u>	Typen !	Fee (\$)	Fee (\$)	Fee (5)			ee (\$)	Fees Paid (\$)	
Utility		300	150	500	250	200 1	00		
Design		200	100	100	50	130	65		
Plant		200	100	300	150	160	80		
Reissue		300	. 150	500	250	600 3	800		
Provisional		200	100	0	. 0	0	0		
	2. EXCESS CLAIM FEES Small Entity								
Fee Description Each claim		luding R	eissues)				Fee (\$) 50	Fee (\$) 25	
				ics)			200	100	
Each independent claim over 3 (including Reissues) Multiple dependent claims							360	180	
Total Claims	E	dra Clair	ns <u>Fee (5)</u>	Fee	Pald (\$)	j	Multiple Dep	endent Claims	
	20 or HP =		_,×	.=			Fee (\$)	Fee Peld (\$)	
indep. Cisima	E	ms paid id dra Clair		Fee !	Pald (\$)	-			
-3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entiry) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Total Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
4. OTHER FEE(8) Non-Registration (120 for the enable of the state of the enable of th									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition to Revive Under 37 CFR 1.137 (b) 1.500.00									
	vare: cittuff gt	ченатве	- Pention to Heylys	Under 3	17 CFH 1.137 (b)			1,500.00	
SUBMITTED BY Page to the second secon									
Signature	Ligur	-/	m-		legistration No. 38	,670	Telephone	608-284-2621	
Name (Print/Type)	Regier P. Zirki	пентап					Date 08/2	8/05	

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PTC/SB/84 (07-05)
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	INTENTIONALLY UNDER 37 CFR 1		080080-0002
First named inventor.	Daniel R. Salomon		
Application No: 10/0	05,562	Art Unit: 1654	
Filed: 12/05/2001		Examiner: Moha	med, Abdel A.
Title: COMPOSITION AND	METHOD FOR TREATING CHRONIC ALLOGRAFT F	REJECTION	
Attention: Office of Pet Mail Stop Petition Commissioner for Pate P.O. Box 1450 Alexandria, VA 22313- FAX (571) 273-8300	ents		
· NOTE: If inf	information or assistance is needed in comp formation at (571) 272-3282.	leting this form, p	please contact Petitions
action by the United St	application became abandoned for failure to tates Patent and Trademark Office. The date or reply in the office notice or action plus an	of abandonmen	t is the day after the expiration
APF	PLICANT HEREBY PETITIONS FOR REVIV	AL OF THIS APP	PLICATION
(1) (2) (3)	grantable petition requires the following items Petition fee; Reply and/or issue fee; Terminal disclaimer with disclaimer fee - refilled before June 8, 1995; and for all design Statement that the entire delay was uninter	quired for all utilit	y and plant applications d
1.Petition fee Small entity-fee	\$ (37 CFR 1.17(m)). Applicant cl	aims small entity	status. See 37 CFR 1.27.
✓ Other than sma	ill entity - fee \$ <u>1,500.00</u> (37 CFR 1.17	7(m))	
2. Reply and/or fee A. The reply a the form o	and/or fee to the above-noted Office action in RCE, Amendment & Response, Supplemental IDS		ly type of reply):
[7] has	been filed previously on <u>08/24/05</u> nclosed herewith.	· ·	
L_ has	fee and publication fee (if applicable) of \$ been paid previously on nclosed herewith.	·	
This collection of information is n	[Page 1 of 2] required by 37 CFR 1.137(b). The information is required to o	rathin or estain a bosoft	t by the public which is to file (and by the collection is estimated to take 1.0 hour to
complete, including gathering, pre- comments on the amount of time U.S. Petent and Trademark Office	on. Confidentially is governed by 35 U.S.C. 122 and 37 CFI eparing, and submitting the completed application form to the your require to complete this form and/or suggestions for reduce, U.S. Department of Commerce, P.O. Box 1450, Alexand END TO: Mail Stop Patition, Commissioner for Pate	R 1.11 and 1.14. This of USPTO, Time will very ucing this burden, should the VA 22319-1450: 6	depending upon the individual case. Any disease to the Chief Information Officer, DO NOT SEND FEES OF COMPLETED
H;	you need essistance in completing the form, call 1-800-	PTO-9199 and salec	t option 2.
VD AT 8/26/2005 4:48:47 PM (E:	astern Daylight Time] * SVR:USPTO-EFXRF-6/32 * DNIS:2	2738300 ° CSID:608 25	7 0609 * DURATION (mm-ss):02-28

PTO/SB/84 (07-05)

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